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ABSTRACT

The bibliography lists English-language journal articles, book sections, a dissertation, and an official State of Wisconsin report, addressing the topic of substance abuse among handicapped and high-risk individuals. The entries are arranged in five sections according to handicapping condition and provide basic bibliographic information and a paragraph-length annotation. Included are seven citations on substance abuse among persons with physical and sensory impairments, seven citations concerning persons with mental retardation, 19 citations concerning individuals with emotional and behavioral disorders, six citations concerning juvenile delinquents, and eight citations concerning individuals with learning problems and individuals in high-risk groups. The bibliography is followed by a separate list of prevention and treatment resources for the handicapped or disabled substance abuser in which organizational resources that offer information, workshops, and prevention programs are briefly described. (JDD)

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ANNOTATED BIBLIOGRAPHY OF SUBSTANCE ABUSE AMONG HANDICAPPED, DISABLED AND HIGH RISK INDIVIDUALS

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I. Substance Abuse among Persons with Physical and Sensory Impairments

Dean, J.C., Fox, A.M. and Jensen, W. (1985). Drug and alcohol use by disabled and nondisabled persons: A comparative study. The International Journal of the Addictions, 29(4), 629-641.

Sixty-six physically disabled college students were compared to 115 nondisabled controls. Subjects were from a midwestern state and were surveyed in 1982. Persons with alcohol, drug, or emotional disabilities were excluded from the study. Non-disabled controls reported more frequent alcohol consumption and knowing more people with an alcohol or drug problem. The authors report no other significant differences between the substance use of disabled and nondisabled students. As individuals with identified or suspected alcohol and drug problems were omitted, there is no information comparing substance abusing disabled and nondisabled groups.

Issacs, M., Buckley, G., and Martin, D. (1979). Patterns of drinking among the deaf. The American Journal of Drug and Alcohol Abuse, 6(4), 463-476.

The alcohol use of hearing impaired individuals was compared to non-hearing impaired subjects to investigate group differences. Hearing impaired subjects were solicited from a list of 600 names of hearing impaired individuals in the Rochester, New York area. This list was generated from membership rosters of various organizations for the deaf and the authors note that this sampling procedure is biased. From this list, 120 randomly selected individuals were asked to be participants and 39 agreed to be interviewed. The sample consisted of 21 males and 18 females who ranged in age from 18 to 66 (median age = 44). All participants in the study were White; 19 were Catholic, 17 were Protestant and 3 were Jewish. The participants completed an alcohol use survey which assessed the quantity, frequency, and variability (QFV Index) of the respondent's alcohol use. Responses were used to categorize subject's drinking into one of five levels: heavy, moderate, light, infrequent, and abstainer. The surveys were adapted for

administration to the deaf with respect to appropriateness and difficulty level and were administered individually by sign language interpreters (both of whom were hearing impaired). Eighty-two percent of the participants identified themselves as "deaf," 15% labelled themselves as "hard of hearing," and 3% called themselves "hearing impaired." Forty-six percent of the respondents were hearing impaired since birth. The majority of respondents (72%) reported initial use between the ages of 13 and 25 and 95% reported drinking some alcoholic beverage at least occasionally. Using the QFV Index, 15.4% of respondents were labeled as "heavy drinkers," 23.1% were "moderate drinkers," 46.4% were "light drinkers," 5.1% were "infrequent drinkers," and 10.3% were "abstainers". Men tended to be heavier drinkers than women ($p = .072$) and reported driving after drinking too much ($p = 0.01$). There was also a tendency for individuals who had attended schools specifically for the deaf to be among the individuals classified as heavy drinkers ($p = 0.071$). In comparing deaf or hearing impaired to a non-hearing impaired sample using two-tailed chi-square tests, there were no significant differences at the $p < 0.05$ level on the QFV Index between groups.

Locke, R. and Johnson, S. (1981). A descriptive study of drug use among the hearing impaired in a senior high school for the hearing impaired. In A.J. Schecter (Ed.), Drug dependency and alcoholism, Vol II, (pp. 833-841). New York: Plenum Press.

Forty-six students in a school for the hearing impaired (20 male and 26 female; either in 11th or 12th grades or in the 16 to 18 year old category) were administered surveys on alcohol and drug use. Twenty six reported current alcohol use, 32 reported some use of alcohol during their lifetime. Twenty-nine indicated drinking before the age of 14. Fifteen students reported drug use and 12 others indicated a history of experimentation with other drugs. All 15 current drug users reported drug use before 14 years of age. Ten respondents used narcotics; nine had used depressants, four had a history of stimulant use and one had used LSD. In addition, only one student reported PCP use, while 21 had used marijuana, 11 had used hashish and 2 used hash oil.

Motet-Gringoras, C.N. and Schuckit, M.A. (1986). Depression and substance abuse in handicapped young men. Journal of Clinical Psychiatry, 47(5), 234-237.

From a college sample (the University of California at San Diego) 42 males with self-reported handicaps (sensory, motor, and metabolic) were compared to 991 non-handicapped survey respondents. Subjects ranged in age from 21 to 25. Handicapped subjects reported drinking at a younger age, indicated more citations for drinking and more overall drug use, and listed more symptoms of depression than non-handicapped subjects. In addition, the self-reported histories of the handicapped subjects indicated higher rates of alcoholism in brothers, mothers and maternal grandfathers. The fathers of handicapped subjects were also reported to have more drug related problems than those of non-disabled subjects.

O'Donnell, J.J., Cooper, J.E., Gessner, J.E., Shehan, I., and Ashley, J. (1981). Alcohol, drugs and spinal cord injury. Alcohol, Health and Research World, 6(2), 27-30.

This study reports that of 47 traumatic spinal cord injury patients identified over a six month period in 1980 (39 males and 8 females whom were moderately or severely paraplegic or quadriplegic), 62% were identified as having alcohol or drug related injuries. Data were collected by chart review, self report, and family report. Forty one of the 47 patients had a prior history of substance abuse and 32 of the 47 (as determined by staff observation and family or self report) resumed use of drugs or alcohol after their injury.

Rasmussen, G. A., and DeBoer, R.P. (1981). Alcohol use among clients at a residential vocational rehabilitation facility. Alcohol, Health, and Research World, 5(2), 48-56.

This article reports the results of a 1978 study of the alcohol and drug use among clients at a residential rehabilitation facility in Michigan. There were 273

adult subjects (mean age = 26.3; 93% male) of whom 49% were severely disabled. Disabilities included orthopedic (39%), personality (22%), mental (7%), speech (7%), hearing (7%), epilepsy (6%), visual (6%), extremities (1%), nonspecific (5%), and unknown (15%). Data were collected using a 130-item questionnaire which assessed personal, family and peer drug and alcohol use, attitudes, and knowledge. Regular use of alcohol (i.e., use of alcohol 12 or more times per year) was reported by 48.18% of all subjects; 23.19% of subjects reported use of alcohol more than once a week. There was a high percentage of sometime or predominately solitary drinkers (36.95%). Subjects were asked to answer alcoholism symptomatology questions. Sixty-two percent of subjects answered yes to at least one of the symptomatology questions. Thirty-seven percent of clients were receiving medication from a physician, but correlations between use of prescription medication and alcohol and drug use were slight ($\underline{r}$ = 0.24 and $\underline{r}$ = 0.23, respectively). Almost sixteen percent of subjects indicated that they had given some of their prescription medication to someone else. With respect to illicit drugs, there was an overall low rate of other drug usage (less than 4%), excepting marijuana, with 36.2% reporting marijuana use at least once and 28.62 reporting regular use (6 or more times per year). In addition, regular use of cocaine was reported by 6.16% of subjects.

State of Wisconsin, Department of Health and Social Services, Division of Community Services: Bureau of Community Programs, Office for Persons with Physical Disability (1985). Alcohol use by persons with disabilities: Preliminary report.

The Division of Vocational Rehabilitation in the State of Wisconsin mailed out 8,000 surveys to Wisconsin residents. Forty percent (or 3217) returned surveys. Among respondents who indicated that they had spinal cord injuries or disease (597), 49% were classified as moderate or heavy drinkers. Six hundred eighty-one respondents indicated that they had either an unknown or an orthopedic disability. Forty-four percent of this group was classified as moderate or heavy drinkers. Forty percent of the blind or visually impaired respondents were in the moderate or heavy drinkers group. The report indicates that while there is not an

identification of individuals who may be alcoholic, persons with disabilities have a 50% higher use of alcohol than the general population.

II. Substance Abuse among Persons with Mental Retardation

DiNitto, D.M. and Krishef, K. (1984) Drinking patterns of mentally retarded persons. Alcohol Health and Research World, 8,(2) 40-42.

The authors interviewed 214 clients from 24 programs serving the mildly mentally retarded in Florida. A slight majority of subjects were male (54%) and 70% of those interviewed were White, the remainder, Black. More than half of the individuals interviewed (111) reported that they had used alcohol at some time during their lives. Seven percent reported daily drinking; 33% indicated drinking on a weekly basis. Of the respondents that indicated drinking, 52% indicated that they drank in their own homes and 30% indicated drinking in bars. The authors note that this is counter to the suggestion that drinking is used by the mentally retarded as a means of socializing in a bar setting. Epileptic seizures were reported by 30% of the drinkers and 13% indicated mental health problems. While one-third of the reported drinkers indicated missing work because of feeling sick from drinking, only two reported having trouble at work because of drinking on the job. DiNitto and Krishef note that while this research is based on survey data which has inherent biases, the results tentatively suggest that drinking among the mentally retarded is comparable to the general population and that the respondents in this sample may have fewer problems with drinking than the general population.

Edgerton, R. B. (1986). Alcohol and drug use by mentally retarded adults. American Journal of Mental deficiency, 90, 602-609.

Four different samples of mildly retarded adults (181) placed in a variety of community settings were observed unobtrusively to determine their alcohol and drug use. The primary method of data collection was

ethnographic. The field researchers also interviewed knowledge friends, relatives, and employers to inquire about the subjects' exposure to drugs. Results indicated that a large majority of the subjects had ready access to a variety of drugs through personal contact, and in neighborhoods in which they lived. However, the results revealed that only a small minority of the handicapped adults used alcohol or other drugs. The author perceives that the subjects' abstinence was primarily related to negative role models and low income. The author also states that the few subjects that used drugs were able to do so without becoming dependent on the substances or engaging in socially unacceptable behaviors.

Huang, A.M. (1981). The drinking behavior of the educable mentally retarded and nonretarded students. Journal of Alcohol and Drug Education, 26(3), 41-50.

This study compared the drinking behavior of educable mentally retarded (EMR) students to nonretarded peers. Subjects were chosen from 12 junior and senior high schools located in three Alabama school systems. One hundred ninety EMR students were selected from the total population of 472 EMR students. These subjects ranged in age from 13 to 18, and ranged in IQ from 55 to 75. A second group of 187 nonretarded students, ranging in age from 13 to 18, were randomly selected from high schools in the same school systems. Questionnaires were administered by tape recording in groups of 10 students. Students were classified as "users" if they drank alcohol more than twice a year; "nonusers" were students who indicated alcohol use less than twice a year. Thirty-two percent of the EMR students as compared to 59% of the nonretarded students reported drinking at least twice in the year prior to the survey. Among the nonretarded students there was a greater prevalence of drinking among white than black subjects; in contrast, among the retarded students, slightly more black than white respondents drank alcoholic beverages. Socioeconomic status was not related to drinking in either group. Church attendance was negatively related to alcohol use among nonretarded students. Though the trend was the same for the EMR students, the relationship was not significant. There was no difference between groups with respect to age at initial use. More nonretarded than retarded identified themselves as occasional users (once

a month), whereas more EMR students indicated consuming alcohol frequently (once a week or more). Retarded subjects perceived more peer pressure to drink, with more EMR than nonretarded participants responding that they drank "to be with the crowd," "to avoid being laughed at," or because "their friends drink." The authors note that the study was limited by the small sample size, the inclusion of students whose parents gave permission, and non-randomization of the EMR group due to its small size.

Krishef, C.H. (1986). Do the mentally retarded drink? A study of their alcohol usage. Journal of Alcohol and Drug Education, 31(3), 64-70.

The study reports the findings from a 1984 study of 214 retarded individuals in Florida. Seventy percent of the participants were White; 54% were male. The majority of subjects were less than 45 (86%) with 43% between 21 and 30 years of age. Eighty-three percent of the subjects had lived at home as children; 53% still lived with their families, 39% lived in group homes, 5% were in independent living situation, and 3% were in foster care. There was a tendency for younger participants to report drinking, with 67% of drinkers coming from the 20 to 35 age category. Within the drinking subgroup, 13% indicated family discord related to their drinking and 7% reported trouble with the police because of drinking. Four of the 214 subjects indicated a history of treatment for their problems with alcohol use.

Krischef, C.H. and DiNitto, D.M. (1981). Alcohol abuse among mentally retarded individuals. Mental Retardation, 19(4), 151-155.

This study reports data from a survey of Associations for Retarded Citizens (ARC) and Alcohol Treatment Programs (ATP) focusing on the alcohol abuse among mentally retarded individuals. Surveys were sent to 100 randomly selected ARCs in metropolitan areas. One hundred ATPs were selected from similar metropolitan areas. There was a 52% return rate for both groups. The

ATPs identified twice as many mentally retarded individuals with alcohol problems as ARCs did (139 versus 275). The individuals identified by the ARCs tended to be within the 18 to 35 age category while those individuals identified by the ATPs were evenly distributed across age categories. In other comparisons between individuals identified by the ATPs and the ARCs, those identified by the ATPs had experienced problems for a longer time, had more job related problems, and more criminal offenses related to alcohol abuse. The authors suggest that mentally retarded alcohol abusers may not come into contact with a treatment center until the problem has become quite severe. Whereas there was no difference between the prevalence of alcohol problems between individuals living alone, with parents or guardians, or with spouses; mentally retarded individuals living alone were more likely to abuse alcohol than individuals living in group care facilities. Sixty-eight percent of the ATPs that responded indicated that they used different techniques to treat mentally retarded individuals and a majority of respondents believed that it takes longer for mentally retarded individuals to recover. Approximately 33% of the ARC's did not have available resources for individuals with alcohol problems. Respondents did not indicate a consistent belief that the mentally retarded were more susceptible to alcohol.

MacEachron, A.E. (1983). Psychotropic and general drug use by mentally retarded persons: a test of the status model of drug use. In R. Isralowitz and M. Singer (Eds.) Adolescent substance abuse (pp. 89-101) . New York: Haworth Press.

The author suggests that in addition to the illicit drug use that is found among adolescents, attention should be directed to the use of prescription drugs to control the behavior of mentally retarded adolescents. The study examined the use of psychotropic (i.e., tranquilizers, anti-depressants, stimulants, and sedative-hypnotic) and general medications (i.e., medications used for general health reasons) among 41,643 mentally retarded persons. The participants in the study were from a northeastern state and were receiving services between 1979 and 1981. There were 7,392 adolescents (age group 13 to 21) among

the subjects. Within the adolescent group, 33% were using general medication and 16% were using psychotropic medications. Use of general medication by adolescents was significantly associated with unemployment, multiple developmental disabilities, and lower levels of self care skills. Psychotropic drug use was associated with unemployment, psychiatric disabilities, and behavior control problems. Institutionalization was associated with both general and psychotropic drug use. The author uses these findings to support a "status" model of drug use. The model poses four status factors: employment status, physical health status, mental status, and institutional status-which predict drug use. In face of evidence that psychotropic drugs have questionable efficacy with mentally retarded persons, and that the proposed model could be expanded to other adolescent populations, the author suggests that alternative approaches to treatment of mentally retarded adolescents be explored.

Zetlin, A.G. (1985). Mentally retarded teenagers: adolescent behavior disturbance and its relation to family environment. Child Psychiatry and Human Development, 15(4), 243-254.

Subjects were 46 mildly mentally retarded adults living independently in the Los Angeles area. They were located through agencies which serve developmentally disabled individuals. Inclusion criterion for subjects were: a) Caucasian, b) independent living status, c) no mental illness or significant physical handicap, and d) willingness to participate. Members of the sample who were between 23 and 33 were selected for examination of adolescent adjustment. Data were collected through extensive individual interviews with participants and their parents. While the data were retrospective, there was 65% agreement between parents and their children on the presence of behavioral disturbance during adolescence and 87% agreement on the nature of problem behavior during adolescence. Results indicated that 84% of the participants had some behavioral or emotional disturbance during their adolescence. Eight percent of the sample specifically indicated use of drugs or alcohol as the problematic behavior. In order to investigate whether different types of family interaction predicted different types of behavior or emotional problems, families, based on the interview data were classified as fostering "supportive," "dependent," or "conflict-ridden" relationships.

Disturbances were placed into categories using Koller, Richardson, Katz, and McLaren's (1983) Behavior Classification scheme, which resulted in three classifications: Emotional Disturbance (i.e., withdrawn, emotional over-responsiveness, excessive use of alcohol or drugs, or self abusive acts); Antisocial Behavior (i.e., delinquent acts, thefts, rebelliousness, inappropriate nonaggressive sexual behavior); and Aggressive Conduct Disorders (e.g.,temper tantrums, destructive behaviors, or sexual aggression). Adults from conflict ridden families were more likely to exhibit antisocial behavior during adolescence than adults from supportive or dependent families. There was a weak tendency ($\chi 2 = 5.69$; $p<0.10$) for adults from dependent or supportive families to display emotional disturbance.

III. Substance Abuse among Individuals with Emotional and Behavioral Disorders

Alldadi, V. (1986). Some aspects of Methylphenidate treatment of hyperactive children. Pharm Alert, 16(3), 2-3.

This brief report reviews studies which have followed children and adolescents who were given Methylphenidate (Ritalin ^{R}, Ciba) for the treatment of attention deficit disorders (ADDs). The author concludes that there is no clear evidence to indicate that adolescents with a history of Ritalin use are at risk for future drug abuse. He does recommend continued research attention to this issue.

August, G.J., Stewart, M.A. and Holmes, C.S. (1983). A four-year follow-up of hyperactive boys with and without conduct disorder. The British Journal of Psychiatry, 143, 192-198.

This article reports the results of a four year follow-up of purely hyperactive (HA) and hyperactive-unsocialized aggressive boys (H-USA). At follow-up there were 22 HA subjects (mean age = 14.2)

and 30 H-USA (mean age = 13.7). Data in the follow-up investigation were gathered through structured interview-assessments by investigators who had no knowledge of the children's prior diagnoses. While both HA and H-USA boys continued to experience attention deficits (86% and 83%, respectively) the diagnosis of conduct disorder was more prevalent in the H-USA group (37%) than the HA group (0%; $p < 0.01$). In addition, 30% of the H-USA boys were reported by their parents to have significant alcohol and drug problems as compared to 0% of the HA boys ($p < 0.004$).

Beck, L., Langford, W.S., MacKay, M. and Sum, G. (1975). Childhood chemotherapy and later drug abuse and growth curve: a follow-up study of 30 adolescents. American Journal of Psychiatry, 132(4), 436-438.

This investigation sought to explore the consequences of childhood chemotherapy on subsequent drug use. Thirty (23 male and 7 female) adolescents between 14 and 17 years of age who received chemotherapy for the treatment of minimal brain dysfunction (MBD) as children were compared to a control group of medical and surgical inpatients. Subjects were solicited from a New York City hospital and data were collected through individual interviews assessing past and current drug use. Control subjects had no prior history of psychiatric illness nor chronic disability, and had no history of chemotherapy. None of the former MBD group was currently taking medication. Groups were comparable in terms of age, sex, socioeconomic status. Although statistical analyses were not presented, both drug use and problems with substance abuse tended to occur more frequently in the control group. The authors hypothesize that the study group's experience with the disorganizing symptoms of MBD may lead them to avoid similar experiences which would come from the use of drugs.

Clampit, M.K. and Pirkle, J.B. (1983). Stimulant medication and the hyperactive adolescent: Myths and facts. Adolescence, 18(72), 811-822.

This article addresses clinicians' tendencies to discontinue stimulant medication in the treatment of hyperactivity and attention deficit disorders during adolescence. The authors note that doctors do not alter dosage to accommodate for the adolescent's growth and are

confused by the change in the manifestation of symptoms (e.g., reductions in hyperactivity with maturity). Symptoms also appear to be difficult to assess because of the increased variability of the adolescents' moods and behavior, poor timing of medication trials, and changes in the environmental structures adolescents face (e.g., changing classes in junior high and high school). The authors state that while care should be taken to avoid the misuse of medication by the adolescents and their friends, there is no evidence of higher rates of drug abuse among medication treated adolescents.

Clements, J.E. and Simpson, R. (1978). Environmental and behavioral aspects of glue sniffing in a population of emotionally disturbed adolescents. The International Journal of Addictions, 13, 129-134.

Results of a brief survey administered to 47 adolescents (13 to 15 years of age) in a state inpatient mental health center in the midwest are reported. Subjects were diagnosed as behavior disordered or socially maladjusted and all had a history of illicit drug use which included glue sniffing. Responses indicated that peer pressure was involved in the subjects' motivation for initial use and that with continued use, subjects reported a decrease in the pleasantness of the experience.

Gantman, C.A. (1978). Family interaction patterns among families with normal, disturbed, and drug-abusing adolescents. Journal of Youth and Adolescence, 7(4), 429-440.

Gantman, using structured family interviews with intact families having adolescents between the ages of 14 and 18 in suburban Philadelphia, investigated the association of family style to adolescent dysfunction. Subjects were 30 white, middle and upper-middle class families divided into three groups: Normal (n = 10), Drug Abusing (n = 10), and Emotionally Disturbed (n = 10). Drug abusing (DA) adolescents were selected from applicants to a local alcohol clinic. They were generally poly-drug users, used more than two times a week, and experienced an inability to assume responsibilities at home, at school and with friends due to their drug use. Emotionally disturbed (ED) adolescents were currently in treatment for their

difficulties. Individuals with mental retardation, organic brain syndromes, and psychoses were excluded. In addition, adolescent subjects in both normal and emotionally disturbed groups were included only if their drug use was less than two times per week, with no indication of drug related problems. Normal (N) subjects were included if they had no history of psychiatric treatment during the past 12 months. While the DA and ED groups did not differ from one another in terms of family interaction patterns, there were significant differences between these two groups and the N families. Normal families were more cooperative, more clear in their communication, and more sensitive. In addition, normal families did not blame their adolescents for problems as frequently, were more accurate in their perceptions of adolescents' actions and supported free expression within the family.

Kashani, J.H., Keller, M.B., Solomon, Reid, J.C. and Mazzola, D. (1985). Double depression in adolescent substance users. Journal of Affective Disorders, 8, 153-157.

One hundred consecutive new referrals from a midwestern youth drop-in center were interviewed for both psychiatric diagnosis and substance abuse. Subjects (30 females and 70 males) ranged in age from 13 to 19 (mean age = 16.2). Eighty-eight subjects were White; the remainder were Black. Sixteen subjects were diagnosed as having a "double depression," i.e., a nontransitory depression on which is superimposed a major depression. In addition there were 5 individuals with a dysthymic disorder (neurotic depression) and 7 clients with a diagnosis of major depression. Overall there were no differences between the depressed subjects and the remainder of the sample with respect to alcohol abuse, however there were significantly more continuous alcoholics among the depressed groups than the other subjects ($x^2 = 5.95$, $p < 0.02$). Individuals with a history of amphetamine abuse also tended to come from the depressed group (25% of the depressed group).

Kellam, S.G., Ensminger, M.E., and Simon, M.B. (1980). Mental health in first grade and teenage drug, alcohol and cigarette use. Drug and Alcohol Dependence, 5, 273-304.

This article describes the findings of a 10 year follow-up of children initially assessed as first graders in 1966-67. The initial assessment evaluated childrens' social adaptation, psychological well being, and familial characteristics. The initial 1242 subjects came from an urban, lower median income, Black neighborhood on the South side of Chicago. At follow-up, 939 mothers and 705 teenagers participated (14% refused to participate and 10.4% were unavailable). Drug use assessed at follow up indicated most use to be within the alcohol, marijuana, and cigarette categories. Males used substances more frequently than females ($p < 0.001$), but both groups indicated frequent use. In multivariate analyses of variance, males rated by teachers during the first grade as moderately to severely shy-aggressive showed the highest rates of drug use. Individuals who had been rated as moderately to severely shy had the lowest rates of drug use among the males.

Klinge, V., Vaziri, H., and Lennox, K. (1976). Comparison of psychiatric inpatient male and female adolescent drug abusers. The International Journal of the Addictions, 11, (2), 309-323.

The drug use of 143 (81 male and 62 female) adolescent inpatients admitted to a state supported psychiatric facility in Michigan between 1966 and 1971 was investigated with respect to family variables. Data was collected by subject questionnaire and staff ratings. There were no significant differences in the reported abuse, frequency and duration of drug use between male (mean age 15.7 years) and female patients (mean age = 15.3 years). In a correlational analysis of familial variables related to adolescent drug use, male drug use was independent of familial variables. In contrast, for the female subjects, drug use was associated with a variety of family dynamic variables (e.g., drug use within the family, psychiatric illness in the family, etc.).

Lie, G.Y. (1984). A longitudinal and multivariate study of adolescent alcohol involvement. Dissertation Abstracts International, 46(1).

The study followed 146 adolescents (between the ages of 13 and 18) with respect to their use of alcohol. Data were collected between 1980 and 1982. Depression was one of five variables which predicted alcohol use at both baseline and follow-up. The other variables were attitude towards alcohol use, perceived harmfulness of alcohol use, number of close friends who abstain and number of close friends who drink heavily on an occasional basis.

McCarrick, A.K., Manderscheid, R.W. and Bertolucci, D.E. (1985). Correlates of acting-out behaviors among young adult chronic patients. Hospital and Community Psychiatry, 36(8), 848-853.

This study investigated variables which affected the acting out behavior of 1,471 chronic patients (between 18 and 35 years of age) who participated in the National Institute of Mental Health's community support program. This program assists chronic patients who live in the community. Data were taken from case manager ratings indicated that patients who had a primary diagnosis of alcoholism, mental retardation, or organic brain syndrome who were more likely to act out. Both alcohol and drug abuse within the past month significantly increased acting out behavior, and the interaction of both drugs and alcohol drastically increased the probability of acting out behavior.

Merikangas, K.R., Weissman, M.M., Prusoff, B.A., Pauls, D.L., and Leckman, J.F. (1985). Depressive disorders with secondary alcoholism: psychiatric disorders in offspring. Journal of Studies on Alcohol, 46(3), 199-204.

The authors studied rates of psychiatric illness among the children of parents diagnosed with major depression from the Yale Family-Genetic Study of Depression. The depressed group consisted of 89 mildly depressed and 44 severely depressed adults who had a total of 194 children between the ages of 6 and 17. Data on these children

were collected through interviews with first degree adult relatives or spouses of the depressed adult subject. Depressed subjects were divided into two groups: persons with depression only (n =114) and individuals with primary depression and a secondary diagnosis of alcoholism (n = 19). A normal control group (n = 82) were matched to study groups on age and sex. Rates of alcoholism and conduct disorder in children of secondary alcoholics were higher than those of controls or children whose parents had only depression. The rates of depression for the children in both depressed groups were comparable.

Morrison, J.R. (1979). Diagnosis of adult psychiatric patients with childhood hyperactivity. American Journal of Psychiatry, 136(7), 955-958.

Among 591 adult private psychiatric patients, 48 were identified as having had childhood hyperactivity (HA). These subjects were compared to two control groups of psychiatric patients, one which was matched for age and sex, and a second with matching for age, sex, and socioeconomic status (SES). SES did differentiate between formerly hyperactive patients and control group 1. The diagnosis of alcoholism differentiated the formerly HA individuals from both control groups. In addition, personality disorders were more common and affective disorders less frequent among the formerly HA than among subjects in control group 1.

Morrison, J. (1980). Adult psychiatric disorders in parents of hyperactive children. American Journal of Psychiatry, 137(7), 825-827.

Case histories of 140 children diagnosed with a hyperactive child syndrome were compared to the case histories of 91 psychiatrically ill children without hyperactivity. Groups were matched for sex and age. Antisocial personality disorders and Briquet's syndrome were more frequently found in the parents of the hyperactive children than the parents of the other psychiatrically referred children. Alcoholism did not differentiate between these two groups of parents.

Morrison, J.R. and Stewart, M.A. (1973). Evidence for polygenetic inheritance in the hyperactive child syndrome. American Journal of Psychiatry, 130(7), 791-792.

Natural parents of 59 hyperactive children were interviewed relative to the presence of alcoholism and familial hyperactivity. Twenty-six families had additional cases of hyperactivity in the immediate or extended family. The rates of alcoholism in the first- and second-degree relatives of this group were almost twice as high as among families without secondary cases of hyperactivity. The authors suggest that although not conclusive, the study does support a genetic link between hyperactivity and alcoholism.

Nussbaum, K., Schneidmuhl, A., Kacsur, A. R., and Shaffer, J. W. (1976). "Hidden" alcoholism among disability insurance applicants: prevalence and degree of impairment. Military Medicine, 141(9), 596-599.

This study reports findings from a review of case histories of applicants for social security disability insurance benefits between 1972-73. A two-and-one-half percent random sample of cases resulted in 219 psychiatric and 121 medical cases referred for investigation relative to alcoholism and alcohol abuse. Two hundred thirty-six of these cases (148 psychiatric and 88 medical) showed evidence of involvement with alcohol. Of psychiatric cases, 12.62% showed evidence of alcoholism in contrast to less than one percent of medically referred cases. Modest, but significant correlation of .32 ($p < 0.01$) was found between the severity of alcohol involvement and the severity of the coexisting organic pathology. For some nonpsychiatric cases, the severity of the individual's total impairment was positively related to the degree of alcohol involvement. Within psychiatric cases, the degree of alcohol involvement was inversely related to severity of psychiatric impairment.

Paton, S., Kessler,R and Kandel, D. (1977) Depressive mood and adolescent illicit drug use: a longitudinal analysis. The Journal of Genetic Psychology, 131, 267-289.

Survey data from 8,206 adolescents attending public high schools in New York State assessed student drug use at two points in time: fall of 1971 and spring of 1972. Depressed mood was positively associated with use of illicit drugs, especially drugs other than marijuana. There was a slight tendency for depressed mood to be associated with the onset of marijuana use among those who never used before, and negatively associated with its continued use. With respect to other illicit drugs, continued use of those substances was associated with a decrease in depressive mood and their continued use. While there were higher rates of reported depression among Blacks and Puerto Ricans, there was only a significant relationship between depressed mood and drug use among Whites. There were higher rates of depression reported among females, who also showed a stronger relationship between depressed mood and drug use.

Reichler, B.D., Clement, J.L. and Dunner, D.L. (1983). Chart review of alcohol problems in adolescent psychiatric patients in an emergency room. Journal of Clinical Psychiatry, 44, 338-339.

Charts were reviewed for 459 consecutive adolescent psychiatric admissions to the emergency room of an urban northwestern city hospital. Of 137 patients whose blood alcohol levels were obtained, 76 (37 males and 39 females) had elevated blood alcohol levels (> 100 mg/dl). Psychiatric diagnoses were found in 46% of male and 54% of female subjects. Depression (35% of the males and 41% of the females) and conduct disorder (30% of the males and 18% of the females) were frequent diagnoses among these patients. There was an over-representation of minority females (due to the presence of several Native American females) in this sample ($x^2 = 9.29$, $p < 0.01$).

Stewart, M.A., DeBlois, S. and Cummings, C. (1980). Psychiatric disorder in the parents of hyperactive boys and those with conduct disorder. Journal of Child Psychology and Psychiatry, 21, 283-292.

Diagnostic evaluations were conducted on 126 consecutive male admissions (boys ages 5 to 15 seen at the University of Iowa Child Psychiatric Clinic or Ward) and their

fathers. In comparing the fathers of the boys diagnosed as hyperactive to the fathers of the remainder of the psychiatric group, probable or definite alcoholism did not differentiate between these groups when primary and secondary diagnoses of alcoholism were included. Antisocial personality and alcoholism were more common in the fathers of aggressive, antisocial boys than in the fathers of the remaining psychiatrically referred boys ($\underline{x}^2$ = = 5.56, $\underline{p}$ < 0.02).

IV. Substance Abuse among Juvenile Delinquents

Blane, H.T. (1982-83). Problem drinking in delinquent and nondelinquent adolescent males. American Journal of Drug and Alcohol Abuse, 9(2), 221-232.

Self report questionnaires were administered to 55 boys (13 to 18 years of age) living in a county detention facility in a metropolitan area in the Northeast. Data for 100 control subjects was drawn from a national probability sample of over 13,000 junior and high school students matched for region, size of urban area, age, and race. While both control and delinquent groups had large proportions of problem drinkers, there were almost twice as many problem drinkers among the delinquents (67.4%) as among the control sample (39%). Among problem drinkers, delinquents drank more, drank more often, reported more negative consequences from drinking, and more frequently saw themselves as having a drinking problem. Parents of delinquents introduced their children to drinking less often by allowing "sips" and in general delinquents began drinking at a later age. In addition, delinquents indicated more other illicit drug use. With respect to race, regardless of delinquency status, Non-Whites (primarily Blacks) had lower rates of problem drinking.

Dawkins, R.L. and Dawkins, M.P. (1983). Alcohol use and delinquency among Black, White, and Hispanic adolescent offenders. Adolescence, 18(72), 799-809.

Alcohol use and criminal offenses were investigated among 342 juveniles at a training school in the Northeast for adolescent male and female offenders. Data were collected through questionnaires administered during

1979. There were 174 Black, 116 White, and 34 Hispanic offenders. In addition to alcohol use, the relationships among offender's sex, father's occupation, arrest rate, association with criminals, and association with drug users were assessed. In correlational analyses, drinking was most strongly associated with both serious and minor delinquent offenses for Blacks and Whites. Among Hispanics, however, drinking was only strongly correlated to minor delinquent offenses. In regression analyses with the other predictor variables, drinking remained a strong predictor variable for Blacks. For Whites the relationship, while still present was not as strong as for Blacks. Again, among the Hispanic offenders, drinking was minimally predictive only for minor offenses.

Farrow, J. A., & French, J. (1986). The drug abuse-delinquency connection revisited. Adolescence, 21, 951- 960.

Ninety-one adolescents committed to a state juvenile facility were randomly selected and interviewed over a 30 day period. In addition a 30 item questionnaire was given to all subjects. The questionnaire consisted of family and personal demographic questions, a cigarette, drug and alcohol inventory including self-perceived reasons for drug use, and a self report inventory on criminal activity. Subjects were also asked to list criminal behaviors, and perceived negative consequences related to their drug use. The mean age of the subjects was 14.8 years old, 74% were male and 26% were female, 33% resided in urban areas, 56% in rural areas and 11% resided in suburban areas. A chi-square analysis was completed on the data compiled from the questionnaires and interviews. Eighty-one percent of the subjects admitted to drug use during the prior six months before incarceration. Thirty-five percent of the subjects admitted that all or most of their crimes committed were under the influence of drugs. The findings also indicated that; no significant correlation between the age of onset of delinquency and current drug use a high correlation between stealing and drug abuse, and no significant correlation between parental drug use and subject's drug use related to delinquent behaviors. The authors conclude by stating that cultural forces, impulse control, motivation, family milieu and peer influence appear to promote both delinquent behavior and substance abuse problems.

Frost Reed, B.J. and May, P.A. (1984). Inhalant abuse and juvenile delinquency: a control study in Albuquerque, New Mexico. The International Journal of the Addictions, 19(7), 789-803.

This paper reports findings from an file review examining the relationship between inhalant abuse and juvenile delinquency. Data were taken from case files of offenders in the Office of Juvenile Probation in Albuquerque. The experimental group (N = 100) was taken from a group a delinquents who had been treated for inhalant abuse, specifically, those who inhaled volatile solvents. The study used two control groups: a) a randomized sample of 100 juvenile delinquents; and b) a stratified sample of 100 juvenile delinquents matched to the experimental group on age, sex, and ethnicity. The second control group was used as there was an over-representation of Hispanics among inhalant abusers in previous studies. In this sample of inhalant abusers, 84% were male, 91% were Hispanic, and the average age of the abusers was 15.2 years. One third of this group had dropped out of school and 14% had been suspended. Most of the subjects from the inhalant group (57%) came from families with low incomes (<$6,000) and only 29% were living with their natural parents. As compared to the control groups, the inhalant abusers had their initial arrest at a younger age (12.7 years) than either the stratified or random controls (14.3 years and 14.1 years, respectively). In addition, the inhalant abusers were arrested for 2.8 times as many offenses than either control group and they were arrested significantly more often for criminal offenses (e.g., assault and battery, auto burglary, burglary, disorderly conduct, and weapons offenses). Correlations between groups on criminal activity, suggest that between 26 and 33% of the difference between the inhalant and control group rates of arrests may be attributed to substance abuse.

Lund, C.A. and Landesman-Dwyer, S. (1979) Pre-delinquent and disturbed adolescents: the role of parental alcoholism. In Galanter, M. (Ed.) Currents in alcoholism: Vol. 5. (pp. 339-348). New York: Stratton.

This study focused on a statewide population of adolescents (692 males, 321 females) in Washington State who had been placed in residential settings for "pre-delinquent and disturbed children." Subjects were between 13 and 18 years of age (mean age = 15.2). These children tended to come from the most difficult cases where foster care would not be sufficient and leaving the child in the family environment was not seen to be in the best interest of the child. Facilities housed between 6 and 60 residents and most clients had stays of less than one year. Data were collected through case record review and staff ratings during the summer of 1976. Parental alcoholism was estimated in 29.1% of this population and children from these alcohol abusing families were subject to higher rates of physical abuse, neglect, and inadequate supervision than children from non-abusing families. Rates of adolescent alcohol abuse, where alcohol use interfered moderately or severely with daily activities, were 13.9% for males and 12.8% for females. Behavioral ratings for both male and female alcohol abusers were more severe than non-abusers and patterns of behavior disturbance were varied and non-specific to group. There was no strong association between alcoholic home environment and adolescent drinking problems. However, for the most severe adolescent alcohol abusers (N = 26), there was a higher rate of parental alcoholism (46%) than in the general population (29%).

Rydelius, P.A. (1983). Alcohol-abusing teenage boys. Acta psychiatrica scandanavia, 68, 368-380.

Interview data from 1004 boys (mean age 18.1 years) were collected in Stockholm during 1980-81. Of this group, 42 (4%) were identified as high consumers (consumption of over 1000 g 100% alcohol). Among these boys 40% were raised in homes that were emotionally "insufficient." Among all boys criminality, characteristics of psychopathy, and alcoholism in parents were positively related to alcohol consumption.

V. Learning Problems, High Risk Groups and Substance Abuse

Alterman, A.I., Bridges, K.R., and Tarter, R.E. (1986). Drinking behavior of high risk college men: contradictory preliminary findings. Alcoholism: Clinical and Experimental Research, 10(3), 305-310.

This study reported on the drinking related problems of 17 high risk and 17 low risk males (between the ages of 18 and 23 years). Risk status was determined by the subject's report of a drinking related problem (e.g., marital, employment, drunk driving, public intoxication or health problems) in the subject's biological father. Data were collected through a mail questionnaire to students attending a state university. There were no differences between groups on background characteristics (i.e., health status and psychological history). Low risk subjects, surprisingly indicated drinking larger quantities of alcoholic beverages (p =0.068) and more experiences of intoxication (p = 0.018). There was no significant difference between groups in the number of problem drinkers. High risk subjects indicated more preadult antisocial symptoms (p = 0.026) and in regression analyses, these preadult antisocial symptoms were the best predictor of alcohol related symptomatology (accounting for 39% of the variance). Thus while low risk subjects indicated more involvement with alcohol, high risk subjects indicated having more problems related to their alcohol use.

Bauman, P.S. and Levine, S.A. (1986). The development of children of drug addicts. The International Journal of the Addictions, 21(8), 849-863.

The children (mean age = 4.87) of 70 mothers (mean age 28.57) currently in methadone maintenance programs in Northern and Southern California were compared to the children (mean age = 4.75) of 70 control mothers (mean age = 29.63) recruited from newspaper advertisements and local community agencies and child care centers in the Bay area. The groups were matched on mother's race or ethnicity, socioeconomic status, and the participation of a male in 70% of the child's raising. Data came from record reviews, structured interviews, laboratory and home observations, and a variety of assessments for

mothers (California Personality Inventory, Wechsler Adult Intelligence Scale) and their children (Minnesota Child Development Inventory, Stanford Binet Tests of Intelligence, McCarthy Scales of Childrens' Abilities). Mothers on methadone maintenance (MM) tended to be more socially immature, less responsible, to have less self control, and to be less tolerant. In addition they were less responsible and empathetic and indicated a lower sense of well being than non MM mothers. Children of the MM mothers were more impulsive, teased more, yelled more, hit more, and were generally more active. There were also more compliant to their mother's requests (possibly an artifact of more demands from their mothers) and more approving. On parental attitude scales, MM mothers were more authoritarian, more disapproving, and less enforcing of rules. During behavioral observations, MM mothers used more commands, yelled more and humiliated their children more than control mothers. Both MM mothers and their children had lower IQ scores than the comparison group. MM mothers indicated that their own mothers had more extensive histories of alcohol and stimulant use than the mothers of non MM mothers. Children who experienced withdrawal after birth (n = 17) revealed more significant deficits on intelligence and motor development scales than the children who did not experience withdrawal at birth.

De Obaldia, R. and Parsons, O.A. (1984). Relationship of neuropsychological performance to primary alcoholism and self- reported symptoms of childhood minimal brain dysfunction. Journal of Studies on Alcohol, 45(5), 386-392.

Sixty inpatients in alcoholism treatment in the Oklahoma City and Dallas Veterans Administration Hospitals were compared to 60 controls recruited from the community. The alcoholic subjects, all self admissions to the treatment program, were tested after 21 days of abstinence. Subjects were matched for age and educational level. Ages ranged from 25-59 and subjects had between 8 and 16 years of education. Alcoholic subjects were divided into primary and secondary categories. Inclusion into the primary classification was based on the lack of a identifiable precipitant for the drinking and the presence of six or more of the following symptoms: a) the presence of withdrawal symptoms without alcohol; b) an increase in tolerance to alcohol; c) a positive

psychological effect with the first drinking experience; d) a positive psychological effect with the first drink after a period of abstinence; e) the absence of a history of social drinking; f) excessive drinking prior to 40; and g) a history of personal or interpersonal problems related to drinking prior to age 40. Among the 60 alcoholic subjects in this study, 28 were classified as primary alcoholics. Data were collected through structured interviews, questionnaires and psychological testing which included retrospective data on the presence of hyperkinesis or Minimal Brain Dysfunction (Hk-MBD) symptoms during childhood. Primary alcoholics indicated a higher number of Hk-MBD symptoms which included both motoric development (e.g., poor coordination, delays in walking or speech development) and personality variables (e.g., impulsivity, being easily frustrated) than secondary alcoholics. Primary and secondary alcoholics did not differ on age, quantity or frequency of drinking, years of problem drinking or days since last drink, but secondary alcoholics did report more years of education. Primary alcoholics showed more impairment than control subjects on verbal tests, learning and memory tasks and abstraction tests, but not on perceptual motor tests. Secondary alcoholics did not significantly differ from control subjects on these measures. Primary alcoholics performed more poorly on verbal and abstraction tests than secondary alcoholics, but when level of education was controlled, verbal differences between groups disappeared.

Gold, S. and Sherry, L. (1984). Hyperactivity, learning disabilities, and alcohol. Journal of Learning Disabilities, 17(1), 3-6.

This review of the literature addresses the impact of maternal alcohol consumption during pregnancy on children. Learning disabilities (LD), hyperactivity (HA), short attention span, and emotional problems were repeatedly found with higher prevalence among children whose mothers drank during their pregnancies. The authors indicate the need for a thorough examination of the birth histories for exposure to alcohol of children experiencing LD, HA, attention deficits and/or emotional problems.

Hededus, A.M., Alterman, A.I. and Tarter, R.E. (1984). Learning achievement in sons of alcoholics. Alcoholism: Clinical and Experimental Research, 8(3), 330-333.

Forty-one Caucasian male adolescents referred by juvenile court were assessed for learning achievement. Of these 41, 16 subjects had biological fathers who were alcohol abusers according to information obtained from the subject and confirmed either by another guardian or another health care professional. Subjects had a mean age of 16.0 years with 9.19 years of education. Neither subjects with alcohol abusing fathersor other group had alcoholic mothers or mothers who used alcohol during the pregnancy. In addition, none of the subjects had alcohol related problems and the groups performed comparably on intelligence testing (WAIS or WISC-Rs). Sons of alcoholics had lower Reading Comprehension, General Information, and Total Testscores on the Peabody Individual Achievement Tests (PIAT). In Pearson's r correlations between the PIAT and the Family Environment Scale (FES), 6 of 60 correlations were significant. Four of these correlations pertained to the Organizational Scales of the FES, suggesting that subjects whoperceived their families as being better organized, hadbetter academic achievement. Intercorrelations between the PIAT and the Minnesota Multiphasic Personality Inventory, 12 of 78 correlations were significant. Nine of these significant correlations were associated with the F and K validity scales which suggests that subjects who tend to view or present themselves negatively, tend to perform poorly on achievementmeasures. The authors question, in light of higher rates of alcoholism among sons of alcoholics, whether certain cognitive impairments precede rather than follow alcohol abuse.

Hesselbrock, V.M., Stabneau, J.R., and Hesselbrock, M.N. (1985). Minimal brain dysfunction and neuropsychological test performance in offspring of alcoholics. In M. Galanter (Ed.), Recent developments in alcoholism, Vol. III, (pp. 65- 82). New York: Plenum Press.

Neuropsychological, intelligence, and psychiatric assessments were conducted on 99 offspring of inpatient alcoholics receiving treatment at the University of Connecticut Health Center. The mean age of the children of alcoholics was 23.7 years and the sample consisted of 42 males and 57 females. Control subjects were solicited

from the outpatient dental clinic at the same health center. The mean age of this group was 26.1 years and included 22 males and 25 females. Individuals from both groups were excluded from participation if they met diagnostic criteria for alcohol dependence. In analysis of variance, no differences were found between groups on drinking history, childhood behavior problems, IQ, or neurological test performance. The report of childhood symptoms of attention deficits or hyperactivity was negatively associated with age of first drink. This same inverse relationship was found between childhood symptoms of conduct disorder and the age of initial drinking. Additional comparisons were made by studying a group of 67 alcoholic inpatients (mean age = 25.06). Of this group 49% had no parent with alcoholism, 40% had one parent with alcoholism, and 11 had two alcoholic parents. Parental alcoholism was not associated with the retrospective report of attention problems and hyperactivity during childhood. There were minor differences between groups having one versus two alcoholic parents on neuropsychological measures, but when IQ was controlled for, these differences were reduced.

Knop, J., Teasdale, T.T., Schulsinger, F. and Goodwin, D.W. (1985). A prospective study of young men at high risk for alcoholism: School behavior and achievement. Journal of Studies on Alcohol, 46(4), 273-278.

Subjects were selected from a Danish birth cohort of 9125 consecutive births between 1959 and 1960. Among this group 255 "high risk" sons were identified as having an alcoholic father as determined during psychiatric screening at the National Psychiatric Register in 1979. One hundred thirty four high risk subjects completed diagnostic interviews and were matched with respect to age, mother's age, and mother's marital status at time of delivery to 70 controls from the same birth cohort. High risk (HR) subjects attended the same number of years of school, but they attended more schools ($p = 0.03$), repeated grades more frequently ($p = 0.007$), and were referred more frequently to the school psychologist ($p = 0.026$). Teacher questionnaires indicated that the high risk boys were more impulsive and had lower verbal proficiency ($p = 0.02$). In addition, high risk boys were described as having more inconsistent

school work ($p = 0.04$) and poorer abstracting ability ($p = 0.02$). There were no differences between the high risk and control groups on use of alcohol, but there was a tendency for high risk subjects to use a central nervous system stimulant (9.2% of HR subjects versus 3.5% of the controls). The authors hypothesize that future alcoholics may emerge from the HR group who exhibit impulsivity and poor verbal skills.

Tarter, R.E., McBride, H., Buonpane, N. and Schneider, D.U. (1977). Differentiation of alcoholics. Archives of General Psychiatry, 34, 761-768.

Fifty alcoholic inpatients, 50 psychiatric inpatients, 22 members of Alcoholics Anonymous, and 22 Jaycees served as subjects in a retrospective study of childhood minimal brain disorder (MBD) symptoms. None of the subjects had acute neurological impairment. Subjects completed questionnaires assessing MBD symptoms during childhood, history of neurological impairment, their drinking and their parent's drinking. Alcoholics were divided into groups of primary and secondary alcoholics. Primary alcoholics reported more MBD symptoms than any other group. Secondary alcoholics reported fewer MBD symptoms than psychiatric inpatients and did not differ from normal controls. Primary alcoholics indicated that they began drinking at an earlier age and became alcoholic at a younger age. They specifically reported that as children they were overactive, impulsive, had poorhandwriting, and had difficulty accepting correction.

PREVENTION AND TREATMENT RESOURCES

FOR THE

HANDICAPPED OR DISABLED SUBSTANCE ABUSER

Community Based Research
Department of Special Education
University of Maryland
College Park, Maryland
20742

January, 1989

Compiled By:

Kevin W. Allison

Kathy A. Richardson

Preparation of this list of resources was supported in part through grant G00 and G00 from the U.S. Department of Education.

Addiction Intervention with the Disabled
Department of Sociology
Kent State University
Kent, Ohio 44242

Headed by Alex Boros, who has conducted research on the needs of the visually impaired, A.I.D. provides referral information for the handicapped in a five county area of Ohio. In addition, this group publishes the A.I.D. Bulletin, a quarterly newsletter which discusses information relevant to the treatment and study of substance abuse among the disabled. The group has also devised a pictorial version of the twelve steps for the hearing disabled and is developing drug information for the intellectually impaired.

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, Maryland 20852

Has devoted a monthly circular (July 1988) entitled, "The Fact Is..." which lists resources, programs and organizations that offer assistance to people who are physically or mentally disabled. Each listing contains information relating to the communities served, resources available, and specific disabilities served. The packet also includes a bibliography which provides citations on articles related to handicapping conditions and substance abuse.

National Institute on Alcohol Abuse and Alcoholism
P.O. Box 2345
Rockville, Maryland 20852

NIAAA has produced a "Resource List for Information on Alcohol and the Handicapped" which includes listings of articles, treatment and prevention resources, and materials for alcohol abusers who are hearing or visually impaired, epileptic, or have a spinal cord injury.

In addition the journal of NIAAA, Alcohol, Health, and Research World, 5(2), winter 1980/81, published a special issue which focused on the handicapped. Titled "The multidisabled: emerging responses", this issue focused on a variety of disabilities and the therapeutic responses which have been developed specific to each disability.

Prevention Resource Center
901 South Second
Springfield, Illinois 62704

Publishes Prevention Forum, a quarterly publication, in which Jean Gourguechon (1986) outlines a special project which is investigating prevention needs among disabled students. The article is "Disabled Kids Need Prevention, Too," and can be found in Vol.6(4). The center provides a wide variety of informational services related to substance abuse prevention. (The project is coordinated by Lee Rush.)

The Information Exchange on Young Adult Chronic Patients (T.I.E.)
P.O. Box 1945
New York, New York 10956

Publishes the TIE Bulletin, a quarterly publication which focuses on the treatment and needs of young adult chronic patients. Volume I of this publication ("Young Adult Chronic Patient and Substance Abuse") features the work of Bert Pepper who discusses research and clinical issues related to the assessment and treatment of psychiatric patients with substance abuse problems.

Juvenile Justice Projects

Carl Hampton (Criminal Justice Coordinator, NIDA) is working on a co-joint project with the Office of Juvenile Justice investigating substance abuse among delinquent adolescents.

Mr. Carl Hampton
Criminal Justice Coordinator, NIDA
Room 10A-53
5600 Fischers Lane
Rockville, Maryland 20857

Janvier, R.L., Guthmann, D.R., and Catalano, R.F. (1980). An assessment of evaluations of drug prevention programs. Reports of the National Juvenile Justice Assessment Centers. Washington: U.S. Government Printing Office.

State Initiatives and Conferences

Ohio State Conference on Drug Abuse and Disabilities
Terry Welshon
(614) 466-7893

Jim Schalansky
Kansas Workshops on the Disabled
Kansas Association of Alcohol and Drug Program Directors
Kansas Consortium
P.O. Box 4052
Topeka, Kansas 66604

Prevention Programs

Spartanburg Alcohol and Drug Abuse Commission
Prevention Program for the Hearing Impaired

Barbara Glenn
P.O. Box 1251
Spartanburg, SC 29304

This program has developed a prevention curriculum directed at the prevention of substance abuse among the hearing impaired high school student. The curriculum is currently being revised for the visually impaired high school student.